"Developing Realistic Strategies and Viable Options to Provide Comprehensive and Affordable Health Insurance Coverage for All Michigan Citizens"

| Models Development Workgroup Data Request Form | | | | |
|---|---|---------------------------|-----------------------------------|--------------------------------|
| Request Date: | Requesting Workgroup: | Name of Contact: | Contact's Telephone Number: | Contact's Email Address: |
| 10/2/05 | Universal Coverage | Margaret Meyers | 313-579-4000 | meyersm@trinity- health.org |
| Request Title (Short Title) | Federal Requirements for Medicaid Beneficiaries | | | |
| Data Request Description | We would like to know what benefits are federally mandated to be included in a Medicaid program in order to receive federal dollars for it. | | | |
| Why is the Data Needed? | | | | |
| How will the Data be Used? | To ensure that our limited benefits model does not stop us from accessing federal matching for the Medicaid program | | | |
| How will Use of this Data Further SPG Project Goals? | To ensure a viable model that doesn't unnecessarily reduce funding sources | | | |
| When is the Data Needed? | In the next month | | | |
| What Potential Sources for this Data has Your Group Identified? | The Federal government—this should be a public document | | | |
| For MDCH Processing Only | | | | |
| Date Received | Log Number Assigned | Date Receipt Acknowledged | Date Sent for Data Request Review | Original <u>Reviewers</u> |
| 10/2/05 | 100205-1 | 10/6/05 | 10/20/05 | |